

WEEKLY INSPECTION CHECKLIST

for Hazardous Waste Container Accumulation Area

for the Month of _____, _____

mark answers Yes or No below

Week 1	Week 2	Week 3	Week 4
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	Date	Time	Inspector's Initials
Week #1	/ /		
Week #2	/ /		
Week #3	/ /		
Week #4	/ /		

- Are all drums and containers marked with a hazardous waste label (or "hold for analysis" label)?
- Are all drums and containers marked with a risk label, if appropriate?
- Are all containers marked with the accumulation start date?
- Are there any drums that are near or have exceeded the 180 day timeframe?
- Are all drums marked with the proper waste code(s)?
- Are all containers closed?
- Are all drum labels visible and readable?
- Are all drums and containers in good condition?
- Is there 30 inches of aisle space between rows of containers?
- Are any drums leaking?

C o n t a i n m e n t

- Is the secondary containment free of cracks or other failures?
- Are sumps clean and free of contamination, spills, leaks, and standing water?

S a f e t y E q u i p m e n t

- Are fire extinguishers charged?
- Are spill kits stocked?
- Is the first aid cabinet stocked?
- Is the emergency shower and eye wash station functioning properly?
- Are the emergency communication devices operating properly?
- Is emergency response information posted near all communication devices?

Comments: Describe the actions taken to correct each deficiency noted above, and note date each action was taken.

Inspector's Printed Name _____

Signature _____